

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/10/03.

## **I. DISPUTE**

Whether there should be reimbursement for dates of service 9/26/02 through 6/12/03. Neither the Requestor nor the Respondent submitted an Explanation of Benefits. Therefore, this dispute will be reviewed using the 1996 Medical Fee Guideline.

## **II. RATIONALE**

The Respondent's Austin representative signed for their copy of the dispute packet on 7/15/03. The Respondent failed to respond.

The Requestor is asking for reimbursement of \$942.00 for physician office visits and Keloid Injections. The Requestor submitted an itemized statement from \_\_\_\_ showing where out of pocket expenses were made for the dates of service in dispute. The itemized statement dated 7/03/03, indicates the Requestor made payments in the amount of \$817.00. The Requestor made payments but not necessarily on the dates of service. It is difficult to determine how much was applied to each CPT code.

Office visits and the amount charged by the Provider:

9/26/02 – CPT code 99202-25/\$85.00; MAR \$50.00  
10/25/02 – CPT code 99212-25/\$65.00; MAR \$32.00  
04/15/03 – CPT code 99212-25/\$75.00; MAR \$32.00  
06/12/03 – CPT code 99212/\$75.00; MAR \$32.00

The total maximum allowable reimbursement (MAR) is \$146.00.

Keloid Injections and the amount charged by the Provider:

09/26/02 – CPT code 11901/\$125.00; MAR \$61.00  
10/25/02 – CPT code 11901/\$125.00; MAR \$61.00  
11/25/02 – CPT code 11901/\$85.00; MAR \$61.00  
12/27/02 – CPT code 11901/\$125.00; MAR \$61.00  
01/30/03 – CPT code 11901/\$125.00; MAR \$61.00  
04/15/03 – CPT code 11900/\$75.00; MAR \$51.00

The total maximum allowable reimbursement (MAR) is \$356.00

The Requestor submitted additional information, which consisted of a letter requesting additional reimbursement for a previous balance and treatment sought on 8/7/03. However, this date of service was after the dispute was filed on 7/3/03 and not included in the original dispute. A new TWCC-60, Medical Dispute Resolution Request, would need to be filed. Therefore, this date of service will not be reviewed.

It appears the Requestor has made out of pocket expenses. Again, there is not a response filed by the Carrier. On this basis, reimbursement is recommended. Reimbursement will be according to the 1996 Medical Fee Guideline MAR (Office Visits \$146.00 + Keloid Injections \$356.00 = \$502.00).

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement in the amount of \$502.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$502.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 30<sup>th</sup> day of January 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd